

Diabetes Prevention Program
PREGNANCY CONFIRMATION REPORT

This form is to be completed if the participant has had a positive pregnancy test.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

<input type="text"/>	<input type="text"/>	CLINIC
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2. Participant number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PATID
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3. Participant's initials

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INITS
first		last		

4. Participant's date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB
month	day	year	

B. Report Identification

1. Date of report

<input type="text"/>	<input type="text"/>	<input type="text"/>	DORPTDT replaced with DAYSRAND
month	day	year	

C. Instructions for Form E04 Completion

Complete all sections of Form E04 if the participant is assigned to pharmacological treatment. If the participant is assigned to Intensive Lifestyle Intervention, complete up to and including question D.3.

Initials of person reviewing completed form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

Form entered in computer?

Participant's initials

first	last		

Date of birth

month	day	year

Date of report

month	day	year

D. Pre-natal

1. Date of positive pregnancy test

month	day	year

DOTSTDT replaced with DAYSPREG

2. Estimated date of delivery

month	day	year

DOEDD replaced with DAYSEDD

3. Name/Address/Phone of Obstetric care provider:

If participant is assigned to pharmacological treatment, continue.

4. Was this a planned pregnancy?

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 2

DOPLAN

If YES,

a. Was coded metformin discontinued prior to conception?

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 2

DODISA

b. Metformin stop date

month	day	year

DODISCA replaced with DAYSMETS_PRIOR

If NO,

c. Has coded metformin been discontinued?

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 2

DODISB

d. Metformin stop date

month	day	year

DODISCB replaced with DAYSMETS_AFTER

5. Does participant wish to continue pregnancy?

YES	NO
<input type="checkbox"/> 1	<input type="checkbox"/> 2

DOCONT

6. Was coded metformin unmasked?

<input type="checkbox"/> 1	<input type="checkbox"/> 2
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DOBLIND